Candler County Physician Standard Report

		2004 Actual			2010 Projected			
Physician Specialty			Pop. Phys.		/100k	Pop. Physici		
Anesthesiology		10,023	1	10.0	9,083		2	
	National Physician Standards	Standard Phys/100,000 Pop.	Phys. Need	Stat	us	Phys. Need	S	tatus
1	AMA	13.2	1	Adequate	0	1	Surplus:	
	Two Mature HMO	9.7	1	Adequate	0	1	Surplus:	
	Adjusted FTE	9.1	1	Adequate	0	1	Surplus:	
	GMENAC	8.9	1	Adequate	0	1	Surplus:	
	Kaiser Portland	5.9	1	Adequate	0	1	Surplus:	
	7 Kaiser Plans	3.9	0	Surplus:	1	0	Surplus:	
	GMH Seattle	9.0	1	Adequate	0	1	Surplus:	
	Three HMOs							
	Average Requirement	7.8	1	Adequate	0	1	Surplus:	
			200	04 Actual		2010	Projecte	d
⊃hysiciar	n Specialty		Pop.	Phys.	/100k	Pop.	Physi	ciar
Emergency Medicine		10,023	1	10.0	9,08	33		
	National Physician Standards	Standard Phys/100,000 Pop.	Phys. Need	Stat	us	Phys. Need	S	statu
1	AMA	9.5	1	Adequate	0	1	Adequate	
	Two Mature HMO	5.5	1	Adequate	0	0	Surplus:	
	Adjusted FTE	5.2	1	Adequate	0	0	Surplus:	
	GMENAC	5.4	1	Adequate	0	0	Surplus:	
	Kaiser Portland	6.7	1	Adequate	0	1	Adequate	
	7 Kaiser Plans	5.3	1	Adequate	0	0	Surplus:	
	GMH Seattle							
	Three HMOs							
	Average Requirement	5.6	1	Adequate	0	1	Adequate	
		2004 Actual			2010 Projected			
Physiciar	n Specialty		Pop.	Phys.	/100k	Pop.	Physi	
amily P	ractice		10,023	7	69.8	9,08	33	1
	National Physician Standards	Standard Phys/100,000 Pop.	Phys. Need	Stat	us	Phys. Need	S	Statu
3	AMA	31.3	3	Surplus:	4	3	Surplus:	
	Two Mature HMO	45.6	5	Surplus:	2	4	Surplus:	
	Adjusted FTE	42.6	4	Surplus:	3	4	Surplus:	
	GMENAC	25.2	3	Surplus:	4	2	Surplus:	
	Kaiser Portland	16.7	2	Surplus:	5	2	Surplus:	
	7 Kaiser Plans	11.0	1	Surplus:	6	1	Surplus:	
	GMH Seattle							
	Three HMOs	9.2	1	Surplus:	6	1	Surplus:	
	Average Requirement	25.1	3	Surplus:	4	2	Surplus:	

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				04 Actual) Projected	
Physician Specialty			Pop.	Phys.	/100k	Pop.	Physi	
Internal Medicine			10,023	1	10.0	9,083		2
	National Physician Standards	Standard Phys/100,000 Pop.	Phys. Need	Stat	tus	Phys. Need	S	Status
5	AMA	51.4	5	Deficit:	-4	5	Deficit:	-(
	Two Mature HMO	21.4	2	Deficit:	-1	2	Adequate	
	Adjusted FTE	20.0	2	Deficit:	-1	2	Adequate	
	GMENAC	28.8	3	Deficit:	-2	3	Deficit:	-
	Kaiser Portland	28.1	3	Deficit:	-2	3	Deficit:	-
	7 Kaiser Plans	30.3	3	Deficit:	-2	3	Deficit:	
	GMH Seattle							
	Three HMOs	16.7	2	Deficit:	-1	2	Adequate	
	Average Requirement	24.2	2	Deficit:	-1	2	Adequate	
			200	04 Actual		2010) Projected	d
Physician Specialty			Pop.	Phys.	/100k	Pop.	Physic	cian
Nephrology		10,023	1	10.0	9,0	83	:	
	National Physician Standards	Standard Phys/100,000 Pop.	Phys. Need	Stat	tus	Phys. Need	S	Statu
0	AMA	2.3	0	Surplus:	1	0	Surplus:	
	Two Mature HMO	1.4	0	Surplus:	1	0	Surplus:	
	Adjusted FTE	1.3	0	Surplus:	1	0	Surplus:	
	GMENAC	1.1	0	Surplus:	1	0	Surplus:	
	Kaiser Portland	0.8	0	Surplus:	1	0	Surplus:	
	7 Kaiser Plans	0.7	0	Surplus:	1	0	Surplus:	
	GMH Seattle	0.9	0	Surplus:	1	0	Surplus:	
	Three HMOs							
	Average Requirement	1.0	0	Surplus:	1	0	Surplus:	
			200	04 Actual		2010) Projected	d
Physician Specialty			Pop.	Phys.	/100k	Pop.	Physic	ciar
Psychiatry		10,023	1	10.0	9,0	83		
	National Physician Standards	Standard Phys/100,000 Pop.	Phys. Need	Stat	tus	Phys. Need	S	Statu
1	AMA	13.7	1	Adequate	0	1	Adequate	
	Two Mature HMO	7.7	1	Adequate	0	1	Adequate	
	Adjusted FTE	7.2	1	Adequate	0	1	Adequate	
	GMENAC	15.4	2	Deficit:	-1	1	Adequate	
	Kaiser Portland	5.2	1	Adequate	0	0	Surplus:	
	7 Kaiser Plans	4.1	0	Surplus:	1	0	Surplus:	
	GMH Seattle							
	Three HMOs							
	Average Requirement	7.1	1	Adequate	0	1	Adequate	

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Report created by Georgia Board for Physician Workforce, State of Georgia

- *Standards are presented as rates per 100,000 population.
- (1) McClendon, B.,R.Polizer, E. Christain, and E. Fernandez. 1997. Downsizing the Physician Workforce. Public Health Reports. May/June 112:231-239.
- (2) Graduate Medical Education National Advisory Committee Summary Report. 1981. Pub. No. (HRA) 81-651. Washington: Government Printing Office.
- (3) American Medical Association. 1996. Physician Characteristics and Distribution in the U.S., 1995/1996. Chicago.
- (4) American Osteopathic Association. 1993. 1994 Yearbook and Directory of Osteopathic Physicians. Chicago.
- (5) Hart, L.,E. Wagner, J. Parzada, A.Nelson, and R.Rosenblah. 1997. Physician Staffing Ratios in Staff- Model HMO's: A Cautionary Tale, Health Affairs 16, no. 1:55-70.
- (6) Weiner, J.P. 1994 Forecasting the Effects of Health Reform on U.S. Physician Workforce Requirement. JAMA 272, no. 3:222-230.
- (7) Steinwachs, D., J.P. Weiner, S. Shapiro, et al. 1986. A Comparison of the Requirements for Primary Care Physicians in with Projections Made by the Graduate Medical National Advisory Committee. New England Journal of Medicine 314:217-22
- (8) Kronick,R., D.C. Goodman, J. Wennberg, and E.Wagner. 1993. The Marketplace in Health Care Reform: The Demographic Limitations of Managed Competition. New England Journal of Medicine 328:1480152. See also, related NAPS Document 04998.
- (9) Vansdow, N.A. The Physician Workforce: Issues for Academic Medical Centers. Forum on the Future of Academic Medicine. December 2, 1996.
- (10) Forte, G.J., Dionne, M., Beaulieu, M., and Salsberg, E. Profile of New York State Physicians. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany. April 2001.
- (11) American Medical Association. 2006 Physician characteristics and Distribution in the U.S., Dept. of Physician Practice and Communications Information, Division of Survey and Data Resources. 2005-2006.